Planning Application



Project Name	•
Applicant or Agent for Applicant	Agent is Representing (Tenant/Owner)
Name LUIS BARBOSA- ARCHITECT	Name GURINDER NA GRA
Company BMR DESIGN GROUP ING	Company STATE FAIR PETRO MART INC
Address 503 West Lincoln AV	Address 8404 W. AREENFIELD AV
City MINAUKES State WI Zip 53207	
Daytime Phone Number 414-384- 2996	Daytime Phone Number 414-467-2795
E-mail Address BMRDESMNLO @BIZWI.RR.COM	
BMR3DE AOL. COM-	
Property Information 8404 W. 9255NFIELD AV	Application Type and Fee (Check all that apply)
Property Address 1359 S. 84th ST	Special Use: (Public Hearing Required) \$525 (GH)
Tax Key No.	Level 1: Site, Landscaping, Architectural Plan Review \$125 (GM)
Aldermanic District Current Zoning C-2 AND RB-Z	(Project Cost \$0-\$1,999)
Property Owner GURINDER NAGRA	Level 2: Site, Landscaping, Architectural Plan Review \$275 (GN) (Project Cost \$2,000-\$4,999)
Property Owner's Address 6980 South 35th St FRANKLIN WI 53212	Level 3: Site, Landscaping, Architectural Plan Review \$525 (GO) (Project Cost \$5,000+)
Existing Use of Property VACANT AUTO REPAIR AND RESIDENT	Site, Landscaping, Architectural Plan Amendment \$125 (GP)
Previous Occupant AUTO REPAIR Shop - RESIDENTIAL HOME	☐ Extension of Time \$275 (GT)
Total Project Cost Estimate 1.65 Million	■ Master Sign Program Review \$125 (GR)
	☐ Sign Plan Appeal \$125 (GS)
In order to be placed on the Plan Commission agenda, Planning & Zoning <u>MUST</u> receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.	Request for Rezoning \$600 (Public Hearing Required) (GJ) Existing Zoning: Proposed Zoning:
	☐ Planned Development District \$1,525 (Public Hearing Required) (Gk
	☐ Subdivision Plats \$1,700 (GO)
	■ Certified Survey Map \$750 (GL)
Completed ApplicationCorresponding Fees	☐ Certified Survey Map Re-approval \$75 (GY)
Project Description	
Set of plans (electronic) - check all that apply	☐ Street or Alley Vacation/Dedication \$525 (GI)
Site/Landscaping/Screening PlanFloor Plans	☐ Formal Zoning Verification \$225 (B9)
Elevations	
☐ Certified Survey Map	FOR OFFICE USE ONLY
☐ Other	Application Received
	Plan Commission 10/27/21
Items shall be emailed to Planning@westalliswi.gov	Publication Date
Please make checks payable to: City of West Allis	Common Council Introduction Common Council Public Hearing
	Sommer Source Laboration in Garding
Applicant or Agent Signature Lux PMc Poss	Date Sep -22- 202

Property Owner Signature

CITY OF WEST ALLIS *** CUSTOMER RECEIPT *** Oper: WALSBJB Type: OC Drawer: 1 Date: 9/24/21 01 Receipt no: 58066

Description Quantity Ar GH DEV SPECIAL USE PERMIT 1.00 \$52

\$525.00 2463980 Trans number: G/L account number: 10000004420107 GURINDER S NAGRA

Tender detail CK CHECK PAYMEN \$525.00 \$525.00 \$525.00 2602 Total tendered Total payment

Trans date: 9/24/21 Time: 15:09:45

*** THANK YOU FOR YOUR PAYMENT ***

CITY OF WEST ALLIS

*** CUSTOMER RECEIPT ***
Oper: WALSBJB Type: OC Drawer: 1
Date: 9/24/21 O1 Receipt no: 58070

Description Quantity Amou GJ DEV REQUEST FOR REZONING 1.00 \$600.

\$600.00 2463987 Įrans number:

G/L account number: 10000004420108 GURINDER S NAGRA

Tender detail CK CHECK PAYMEN 2604 \$600.00 Total tendered Total payment \$600.00 \$600.00

Trans date: 9/24/21 Time: 15:19:58

*** THANK YOU FOR YOUR PAYMENT ***

CITY OF WEST ALLIS

*** CUSTOMER RECEIPT ***
Oper: WALSBJB Type: OC Drawer: 1
Date: 9/24/21 01 Receipt no: 58069

Description Quantity AMDUAL AM

G/L account number: 10000004420105 GURINDER S NAGRA

Tender detail CK CHECK PAYMEN Total tendered Total payment 2603 \$525,00 \$525.00

Trans date: 9/24/21 Time: 15:19:09

*** THANK YOU FOR YOUR PAYMENT ***